## PATENT APPLICATION FEE DETERMINATION RECORD

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Application or Docket Number

ctive October 1, 2003		Ð	82	72	9~	į
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CLAIMS AS FILED - PART I							!	SMALL E	NTITY	•	OTHER	THAN
TOTAL OLAMAS			(Column 1)		(Column 2)		1 .	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			21					RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			2/ minus 20= *		* <i>]</i>	. 1		X\$ 9=		OR	X\$18=	18
INDEPENDENT CLAIMS			& minus 3 = *5		5			X43=		OR	X86=	430
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	123
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1218	
CLAIMS AS AMENDED - PART II OTHER THAN										THAN		
				(Column 3)	_	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		<u>                                     </u>		X43=		OR	X86=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		J	+145=		OR	+290=	
					٠		L	TOTAL		I D	TOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)	4	NDDIT. FEE		JO. 1	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM	<u>.</u> Ц	<b>'</b> [	+145=		OR	+290=	
						. L	TOTAL DDIT, FEE		OR ,	TOTAL ADDIT. FEE		
	·	(Column 1)		(Colum		(Column 3)						• "
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NO	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	0.44	=		X43=		OR	X86=	
	PIRST PRESE	NTATION OF MU	LITPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r foun	d in the app	ropriate box	in colu	ımn 1.	